DOCUMENT RESUME

ED 445 471 EC 308 078

AUTHOR Canino, Glorisa; Gonzalez, Gloria; Ramirez, Rafael
TITLE Somatic Symptoms in Children from Three Ethnic Groups.
INSTITUTION University of South Florida, Tampa. Louis de la Parte Florida Mental Health Inst.; University of South Florida, Tampa. Research and Training Center for Children's Mental Health.
SPONS AGENCY Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.; National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE 1999-02-00
NOTE 3p.; In: The Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (12th, Tampa, FL, February 21-24, 1999).
CONTRACT H113B90022
AVAILABLE FROM For full text: http://www.fmhi.usf.edu/institute/pubs/bysubject.html.
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Anxiety; Blacks; Children; Emotional Disturbances; *Family Influence; *Family Relationship; *Incidence; Interviews; Minority Group Children; Parents with Disabilities; Predictor Variables; *Puerto Ricans; *Racial Differences; Symptoms (Individual Disorders)

ABSTRACT

A study compared the rates of somatic symptoms associated with anxiety disorder in African Americans, Hispanics residing in Puerto Rico, and European American children. A total of 1,285 children were interviewed, along with their primary caretakers. Headaches were the most frequently endorsed somatic symptom, with half of the total sample endorsing this symptom, followed by gastrointestinal disturbances, palpitations and tachycardia, as well as pain and/or general malaise. No differences were found by ethnic group regarding the rank ordering of the symptoms. After controlling for family income, presence of anxiety disorder, age, and gender, the total amount of somatic symptoms was found to be significantly less prevalent among Hispanics as compared to the mainland comparison group. The Hispanic group also had a significantly lower prevalence of birth complications/defects, adverse life events, and parental psychopathology compared to the European American group. This difference was particularly dramatic in the case of parental psychopathology, in which the Hispanic group reported a much lower prevalence in comparison to the mainland group. In contrast, the Hispanic group reported increased prevalence of teen motherhood and difficulty with friends. Overall, parental psychopathology, adverse life events, and poor family functioning were significantly associated with higher somatic symptoms. (CR)

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Somatic Symptoms in Children from Three Ethnic Groups

Glorisa Canino, Ph.D.
University of Puerto Rico, Medical Sciences Campus
Behavioral Sciences Research Institute
PO Box 365067
San Juan, Puerto Rico 00936-5067
787/754-8624, Fax: 787/767-5959
E-mail: g_canino@rcmaca.upr.clu.ed

Gloria González, M.D.
University of Puerto Rico, Medical Sciences Campus
Department of Psychiatry
PO Box 365067
San Juan, Puerto Rico 00936-5067

Rafael Ramírez, Ph.D.
University of Puerto Rico, Medical Sciences Campus
Behavioral Sciences Research Institute
PO Box 365067
San Juan, Puerto Rico 00936-5067
787/754-8624, Fax: 787/767-5959

Importance and Purpose of Study

Medically unexplained physical symptoms have long been recognized as common and problematic in pediatric practice, but only since late 1980s have somatic complaints become a topic of research and discussion in the child and adolescent psychiatric literature (Apley & Meadow, 1978). A significant number of studies have been reported in the adult literature, which suggest that the prevalence of somatic symptoms in both clinical and community samples may be associated with belonging to a particular ethnic group (Escobar & Canino, 1989; Canino et al., 1992; Mezzich & Raab, 1980). Epidemiological population studies have shown that Puerto Ricans report higher rates of somatic symptoms as compared to European Americans, and Mexican Americans from Los Angeles, California, even after statistically controlling for socio-demographic factors (Canino et al., 1992; Rubio Stipec et al., 1993). Similar cross-cultural studies of somatic symptoms, have not been reported with pediatric populations. The present study aims to fill this gap in the literature by comparing the rates of somatic symptoms associated with anxiety disorder in three ethnic groups; African American, Hispanic, and European American children.

Method

Probability samples of children were obtained in 1992 in four geographic areas in the United States and Puerto Rico as a part of the Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) study funded by the National Institute of Mental Health (Lahey, et al., 1996). The four sites involved were: 1) Connecticut ($N = 324$), with 78% of the sample from European American heritage, 11% African American heritage, 4% Hispanic heritage, and 7% other heritage; 2) Georgia ($N = 299$), 64% European American , 30% African American, 1% Hispanic, and 5% other; 3) New York ($N = 360$), 63% European American, 18% African American, 10% Hispanic, and 10% other, and; 4) Puerto Rico ($n = 312$), 100% Hispanic. Of a total of 1,523 eligible youths, 1,285 were successfully interviewed for a total response rate of 84% for the four sites. Children ages 9 to 17, as well as their primary caretaker (96% were the mother) were interviewed in their household by two lay interviewers each (blind to the other's findings), using a computer assisted version of the National Institute of Mental Health (NIMH) Interview Schedule for Children (NIMH-DISC 2.3) and the Service Utilization and Risk Factors Interview (SURF: Goodman, et al., 1998). Nineteen somatic symptoms associated with anxiety disorders were ascertained.

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Please address any correspondence to the first author, Glorisa Canino, Ph.D.

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Results

Headaches were the most frequently endorsed somatic symptom, with half of the total sample endorsing this symptom (50.8%), followed by gastrointestinal disturbances (25.87%), palpitations and tachycardia, as well as pain and/or general malaise (22.2%). No differences were found by ethnic group regarding the rank ordering of the symptoms; that is, in all ethnic groups the same types of symptoms were the most frequently endorsed as well as the less frequently endorsed. After controlling for family income, presence of anxiety disorder, age and gender, the total amount of somatic symptoms was found to be significantly less prevalent among Hispanics as compared to the mainland comparison group.

The Hispanic group had a significantly lower prevalence of birth complications/defects, adverse life events and parental psychopathology compared to the European American group. This difference was particularly dramatic in the case of parental psychopathology in which the Hispanic group reported a much lower prevalence in comparison to the mainland group (20.50% vs. 36.25%). In contrast, the Hispanic group reported increased prevalence of teen motherhood and difficulty with friends.

After controlling for the demographic variables and risk factors no statistically significant difference in somatic symptoms was found among ethnic groups. Parental psychopathology, adverse life events, and poor family functioning were significantly associated with higher somatic symptoms. Inclusion of the ethnicity factor didn't change the sign and magnitude of the regression coefficients associated with these risk factors in predicting somatic symptoms.

In fact, when regression analyzes were performed controlling for all known risk factors, the lower prevalence of somatic symptoms in the Hispanic sample disappeared, suggesting that these results were due to the differential prevalence of risk factors and not to unknown factors associated with belonging to the Hispanic culture. Limitations of the study include that somatic symptoms were not ascertained independently of the diagnosis of anxiety disorders.

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